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Department of

SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 455002049
Report Date: 05/20/2026
Date Signed: 05/20/2026 01:45:15 PM

Unsubstantiated

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY **COMPLAINT INVESTIGATION REPORT**	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827

This is an official report of an unannounced visit/investigation of a complaint received in our office on **11/17/2025** and conducted by Evaluator Ivan Avila

	COMPLAINT CONTROL NUMBER: 59-AS-20251117161325

FACILITY NAME:	VISTAS ASSISTED LIVING & MEMORY CARE, THE			**FACILITY NUMBER:**	455002049
ADMINISTRATOR:	NATE ECHOLS			**FACILITY TYPE:**	740
ADDRESS:	3030 HERITAGETOWN DRIVE			**TELEPHONE:**	(530) 222-8969
CITY:	REDDING	**STATE:** CA		**ZIP CODE:**	96002
CAPACITY:	100	**CENSUS:** 69		**DATE:**	05/20/2026
		UNANNOUNCED		**TIME BEGAN:**	08:50 AM
MET WITH:	Nate Echols			**TIME COMPLETED:**	02:00 PM

ALLEGATION(S):

1	Staff are administering oral liquids to a resident
2	Staff are not keeping medications in their original bottle
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INVESTIGATION FINDINGS:

1	On May 20, 2026, Licensing Program Analyst (LPA) Ivan Avila conducted an unannounced complaint
2	investigation visit regarding the above allegations directed by the Department. LPA Avila met with Nate
3	Echols and explained the purpose of the visit.
4	
5	During the investigation process, interviews and records review were initiated.
6	
7	LPA investigated the allegation, “Staff are administering oral liquids to a resident.” Staff reported that
8	medications are given to residents as perscribed in the physician orders. Staff reported that hospice
9	residents are given medications as needed, which include liquid medications and staff follow physician
10	orders in administering the medication. Staff reported a resident can refuse the medication and staff will
11	then document the medication refusal and inform the resident's responsible party.
12	
13	-----Continued on LIC9099-C-----

Unsubstantiated	**Estimated Days of Completion:**

SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Ivan Avila
LICENSING EVALUATOR SIGNATURE:
DATE: 05/20/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/20/2026

This report must be available at Child Care and Group Home facilities for public review for 3 years.

Control Number 59-AS-20251117161325

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SACRAMENTO NORTH ASC, 9835 GOETHE ROAD, SUITE 100 SACRAMENTO, CA 95827
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: VISTAS ASSISTED LIVING & MEMORY CARE, THE **FACILITY NUMBER:** 455002049

VISIT DATE: 05/20/2026

NARRATIVE

LPA investigated the allegation, “Staff are not keeping medications in their original bottle.” Staff reported that all staff adhere to their company policy regarding medications. Staff reported that in instances where residents are going on vacation, away from the facility with family, the original medications are signed out by family members and documented. Staff reported that a form is signed by both staff and family which documents the amount of medication being signed out and an audit is performed before and after the resident returns from their trip.

Based on interviews conducted and record review, the preponderance of evidence standards has not been met. Therefore, the above allegations are found to be *UNSUBSTANTIATED*. Findings that the complaint is Unsubstantiated means that, although the allegation may have happened or is valid, there is not a preponderance of the evidence to prove that the alleged violation occurred.

An exit interview was conducted, and a copy of the report was provided.

SUPERVISORS NAME: Anthony Perez
LICENSING EVALUATOR NAME: Ivan Avila
LICENSING EVALUATOR SIGNATURE:
DATE: 05/20/2026

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:
DATE: 05/20/2026